

**IN THE COURT OF COMMON PLEAS, JUVENILE DIVISION
CLERMONT COUNTY, OHIO**

**GENERAL INFORMATION REGARDING FILING FOR A MODIFICATION OF
CUSTODY OR VISITATION ORDER MADE BY THIS COURT IN CASES WHERE
CHILDREN'S SERVICES IS/WERE INVOLVED**

- The filing fee of \$100.00 is required at the time of filing. The payment can be cash, personal check, or a money order. **FILING FEES ARE NON-REFUNDABLE.**
- All information on the attached forms must be completed in full.
- **IF THERE IS A CHILD SUPPORT ORDER, YOU MUST INCLUDE AN UPDATED PRINTOUT OF THE STATUS OF YOUR CHILD SUPPORT CASE. THIS PRINTOUT CAN BE OBTAINED FROM THE CLERMONT COUNTY CHILD SUPPORT OFFICE.**
- You may type, print, or clearly write the information on the forms.
- **YOUR PAPERWORK CAN NOT BE PROCESSED IF WE DO NOT HAVE COMPLETE AND CURRENT ADDRESSES FOR ALL PARTIES. THE COURT WILL IN NO WAY PROVIDE YOU WITH AN ADDRESS FOR THE OTHER PARTY.**
- The paperwork can be completed and turned in at the window OR you may take it with you and return it by mail.
- If you send the paperwork by mail, your signatures must be notarized and you must return it along with the \$100.00 filing fee in the form of money order or personal check made payable to "Clermont County Juvenile Court". The address to send paperwork to is:

Clermont County Juvenile Court
Attention: Intake Department
2340 Clermont Center Drive, Suite 100
Batavia, Ohio 45103-1958

- Once your paperwork has been processed, you will be notified by mail of the date and time of your hearing. If your hearing notice is returned marked "undeliverable as addressed" and you have not notified the Court of your new address, in writing, the complaint/motion may be dismissed without further action.

- If the hearing notice which has been sent to the other party is returned to the Court marked “undeliverable as addressed”, you will be contacted by the Court for a new address. It is your responsibility to provide a good address in writing to the Court as soon as possible. If you fail to provide a good address, and the complaint/motion has not been served at the time of hearing and the other party does not appear at the hearing, the complaint/motion may be dismissed without further action.
- The staff at Juvenile Court is not permitted to give you legal advice. Examples of legal advice are:

What should I do?

What are my rights?

What will the Magistrate or Judge do?

Can I take the child from the other parent?

If you want legal advice you must contact an attorney. If you need help in finding an attorney you may contact the Lawyer Referral Service at (513) 732-2050.

If you have questions as you are completing the packet, please contact:

Megan at (513) 732-7772
Fax Number – (513) 732-7695

THE CLERK’S OFFICE AT CLERMONT COUNTY JUVENILE COURT IS NOT ALLOWED TO GIVE YOU LEGAL ADVICE.

PLEASE CONTACT AN ATTORNEY IF YOU HAVE LEGAL QUESTIONS.

IN THE COURT OF COMMON PLEAS, JUVENILE DIVISION
CLERMONT COUNTY, OHIO

CASE NO. _____

IN RE: _____

MOTION

Now comes _____
(name & relationship to child(ren)) and requests that the Court issue an Order for the following:

- Modification of Custody – Please explain modification requested _____

- Modification of Visitation – Please explain modification requested _____

- Other _____

for the following reasons: _____

AFFIDAVIT

Petitioner, having been duly sworn, deposes and says that the allegations in the foregoing motion are true. As evidenced by my signature below, I hereby authorize the Court to perform a check of the Central Registry of Abuse, Neglect and dependency and a criminal background check.



Petitioner

Subscribed and duly sworn to before me according to law, by the above named Petitioner, this _____ day of _____, 20____, County of Clermont, State of Ohio.

Notary Public/Deputy Clerk

IN THE COURT OF COMMON PLEAS, JUVENILE DIVISION
CLERMONT COUNTY, OHIO

CHANGE OF CIRCUMSTANCES AFFIDAVIT

CASE NO. _____

THIS FORM MUST COMPLETED BEFORE THE COURT WILL HEAR YOUR CASE

1. Date of Court Order that you are trying to modify _____

2. List all changes in circumstances since the custody/visitation order pertaining to:

A. The child _____

B. The custodian(s) of the child _____

3. If the child does not live with you, when was the last time that you saw the child? _____

4. How many times have you seen the child in the last 4 months? _____

5. How have you complied with what the Court has ordered you to do, including paying child support? _____

6. What efforts have you made to resolve this matter out of Court? _____

7. List any other information in support of your motion that you want the Court to consider _____



(Signature)

Subscribed and duly sworn before me according to law, by the above named applicant
this _____ day of _____, 20__ County of Clermont and
State of Ohio.

Notary Public/Deputy Clerk

IN THE COURT OF COMMON PLEAS, JUVENILE DIVISION
CLERMONT COUNTY, OHIO

CASE NO. _____

IN RE: _____
(please list _____
child/ren's _____
names _____)

REQUEST FOR SERVICE

INSTRUCTIONS TO THE CLERK

(Your complaint/motion will not be processed unless this form is completed)

Please serve the foregoing Motion by certified mail service/personal service on all parties on this case at the addresses listed below.

FOLLOWING ADDRESSES ARE MANDATORY

Please include apartment numbers, lot numbers, etc.

Plaintiff's Name

Defendant's Name

Plaintiff's Street Address

Defendant's Street Address

Plaintiff's City, State and Zip

Defendant's City, State and Zip

Plaintiff's Telephone Number

Defendant's Telephone Number

Legal Custodian's Name

Defendant's Name

Legal Custodian's Street Address

Defendant's Place of Employment

Legal Custodian's City, State and Zip

Defendant's Employment Street Address

Legal Custodian's Telephone Number

Defendant's Employment City, State and Zip

ADDITIONAL PARTIES REQUESTED TO BE NOTIFIED

Name & Relationship to Child(ren)

Name & Relationship to Child(ren)

Street Address

Street Address

City, State and Zip

City, State and Zip

Telephone Number

Telephone Number



Petitioner's Signature

Street Address

City, State and Zip

Petitioner's Telephone Number

INFORMATION PROVIDED IS FOR COURT USE ONLY
IN THE COURT OF COMMON PLEAS, JUVENILE DIVISION
CLERMONT COUNTY, OHIO

INFORMATION NEEDED FOR ABUSE/NEGLECT/DEPENDENCY CASES
FILL OUT ALL INFORMATION COMPLETELY

Date _____

1. Your name: _____ DOB: _____
SS#: _____
Your address: _____
Your telephone number: Home: _____ Work: _____
Cell: _____
Your relationship to child: _____

2. Name of child/children: _____

DOB of child/children: _____

Present address of child/children: _____

Who does the child currently live with/relationship: _____

3. Natural Mother's name: _____ DOB: _____
SS#: _____
Address: _____

Telephone number: Home: _____ Work: _____
Cell: _____

4. Natural Father's name: _____ DOB: _____
SS#: _____
Address: _____

Telephone number: Home: _____ Work: _____
Cell: _____

5. Legal Custodian's name: _____ DOB: _____
SS#: _____
Address: _____

Telephone number: Home: _____ Work: _____
Cell: _____

IN THE COURT OF COMMON PLEAS, JUVENILE DIVISION
CLERMONT COUNTY, OHIO

CASE NO. _____

**DECLARATION UNDER UNIFORM CHILD CUSTODY
JURISDICTION AND ENFORCEMENT ACT (UCCJEA)**

(O.R.C. § 3127.23)

I, (full, legal name) _____, being sworn according to law, certify that these proceedings involve the custody of a child, or children and the following statements are true:

1. I am requesting the Court to not disclose my address or that of the child(ren). My address is confidential pursuant to ORC 3127.23 (D) and should be placed under seal in that the health, safety, or liberty of myself and/or the child(ren) would be jeopardized by the disclosure of the identifying information.

No Yes – Give brief description of concerns

2. Minor child(ren) are subject to this proceeding as follows:

(Insert the information requested below: The residence information **MUST** be given for the last **FIVE** years.)

1 ST CHILD'S NAME:		Place of Birth:	Date of Birth:	Sex M / F
Period of residence	Address Confidential	Person child lived with (name and address)		Relationship
to PRESENT	<input type="checkbox"/> NO <input type="checkbox"/> YES			
to	<input type="checkbox"/> NO <input type="checkbox"/> YES			
to	<input type="checkbox"/> NO <input type="checkbox"/> YES			
to	<input type="checkbox"/> NO <input type="checkbox"/> YES			
2 ND CHILD'S NAME:		Place of Birth:	Date of Birth:	Sex M / F
Period of residence	Address Confidential	Person child lived with (name and address)		Relationship
to PRESENT	<input type="checkbox"/> NO <input type="checkbox"/> YES			
to	<input type="checkbox"/> NO <input type="checkbox"/> YES			
to	<input type="checkbox"/> NO <input type="checkbox"/> YES			
to	<input type="checkbox"/> NO <input type="checkbox"/> YES			
3 RD CHILD'S NAME:		Place of Birth:	Date of Birth:	Sex M / F
Period of residence	Address Confidential	Person child lived with (name and address)		Relationship
to PRESENT	<input type="checkbox"/> NO <input type="checkbox"/> YES			
to	<input type="checkbox"/> NO <input type="checkbox"/> YES			
to	<input type="checkbox"/> NO <input type="checkbox"/> YES			
to	<input type="checkbox"/> NO <input type="checkbox"/> YES			

Additional children/addresses are listed on Attachment. Provide requested information for additional children on an attachment.

3. **Participation in custody proceeding(s): (X only one)**

- I HAVE NOT** participated as a party, witness, or in any capacity in any **other** litigation, in this or any other state, concerning the custody of or visitation (parenting time) with any child subject to this proceeding.
- I HAVE** participated as a party, witness, or in any capacity in any other litigation, in this or any other state, concerning the custody of or visitation (parenting time) with any child subject to this proceeding.

Explain:

- a. Name of each child: _____
- b. Type of proceeding: _____
- c. Court and State: _____
- d. Date of Court Order or Judgment (if any): _____

4. **Information about custody preceding(s): (X only one)**

- I HAVE NO INFORMATION** of any proceedings that could affect the current proceeding, including any proceedings relating to custody, domestic violence or protection orders, dependency, neglect or abuse allegations or adoptions concerning any child subject to this proceeding.
- I HAVE THE FOLLOWING INFORMATION** concerning proceedings that could affect the current proceeding, including any proceedings relating to custody, domestic violence or protection orders, dependency, neglect or abuse allegations or adoption concerning any child subject to this proceeding, other than set out in item 3.

Explain:

- a. Name of each child: _____
- b. Type of proceeding: _____
- c. Court and State: _____
- d. Date of Court Order or Judgment (if any): _____

5. **Persons not a party to this proceeding: (X only one)**

- I DO NOT KNOW OF ANY PERSON** not a party to this proceeding who has physical custody or claims to have custody or visitation rights with respect to any child subject to this proceeding.
- I KNOW THAT THE FOLLOWING NAMED PERSON(S)** not a party to this proceeding has/have physical custody or claims(s) to have custody or visitation rights with respect to any child subject to this proceeding:

- a. Name and address of person: _____
 has physical custody claims custody rights claims visitation rights
Name of each child: _____

- b. Name and address of person: _____
 has physical custody claims custody rights claims visitation rights
Name of each child: _____

6. Knowledge of prior child support proceedings: (X only one)

- The child(ren) described in this affidavit are **NOT** subject to existing child support order(s) in this or any state or territory.
- The child(ren) described in this affidavit **ARE** subject to the following existing child support order(s):

Explain:

- a. Name of each child: _____
- b. Type of proceeding: _____
- c. Court and State: _____
- d. Date of Court Order or Judgment (if any): _____
- e. Amount of child support paid and by whom: _____

7. I acknowledge that I have continuing duty to advise this Court of any custody, visitation, child support, or guardianship proceeding (including dissolution of marriage, child neglect, or dependency) concerning the child(ren) in this state or any other state about which information is obtained during this proceeding.

I hereby swear or affirm that the answers above are true, complete and accurate. I understand that falsification of this document may result in a contempt of court finding against me which could result in a jail sentence and fine, and that falsification of this document may also subject me to criminal penalties for perjury (O.R.C. 2921.11).

Date

Signature

Printed Name: _____

Home Phone: _____

Address: _____

Work: _____ Cell: _____

City, State, Zip: _____

Sworn to or affirmed and signed before me on the _____ day of _____, 20____.

Notary Public/Deputy Clerk

Revised 02/2011

DO NOT COMPLETE THIS FORM – FOR COURT PERSONNEL ONLY

PETITIONER ADVISED OF THE FOLLOWING

_____ Case may be dismissed due to not having parent name

_____ Case may be dismissed due to not having sufficient parent address

_____ Case may be dismissed due to not having following information:

_____ This Court may not have jurisdiction

_____ Other: _____

_____ The filing fee of \$100 is non-refundable.

Signature & Date

Intake Officer Signature & Date

Confidential

**DUE TO THE THE GROWING CONCERN OF THE IMPACT OF
THE CORONAVIRUS ON ALL INDIVIDUALS, MANY OF OUR
HEARINGS ARE BEING CONDUCTED VIA ZOOM.**

**FOR THAT REASON, WE ARE ASKING FOR EMAIL
ADDRESSES OF ALL PARTIES.**

**PLEASE PRINT YOUR NAME AND YOUR EMAIL ADDRESS
BELOW**

NAME _____

EMAIL ADDRESS _____

PLEASE PRINT NEATLY

**IF YOU KNOW THE EMAIL ADDRESS OF THE OTHER
PARTY(S), PLEASE FILL OUT THE SECTION BELOW**

NAME _____

EMAIL ADDRESS _____

PLEASE PRINT NEATLY

NAME _____

EMAIL ADDRESS _____

PLEASE PRINT NEATLY